ISSN XXXX-XXXX (Online) | XXXX-XXXX (Print) | Vol. 1, No. 1, Dec (2022), pp. 18-28

Published by: IARN Institute

International Journal on Health and Medical Sciences

Journal homepage: https://journals.iarn.or.id/index.php/HealMed/index

Target standards for hospital accreditation readiness on patient safety

Hazer Muzn[1], Aryan Sineen[2]

[1,2]Health Sciences, Universiti Brunei Darussalam, Brunei Darussalam

Article Info

Article history:

Received Aug 19, 2022
Revised Oct 20, 2022
Accepted Nov 29, 2022

Keywords:

Accreditation Readiness;
Hospital;
Patient Safety.

ABSTRACT

According to the Indonesian Ministry of Health, certification is done to improve the quality of health services and boost public trust. According to a preliminary study completed in 2014, the accreditation status of the Jakarta Hajj Hospital still uses the 2009 accreditation, thus it is classified as expired because the three-year limit has passed. According to interviews. However, the implementation of the 2012 edition of the accrediting standard has been several months behind schedule. This study seeks to provide an overview of the organization's readiness to earn the 2012 edition of certification on patient safety goals. This study is qualitative in nature. Purposive sampling was used to choose research informants. In this study, the informants included one member of the SKP accrediting working group, two nurses, one pharmacy unit section, and two patients. To improve study validity, sources, techniques, and data are triangulated. The Patient Safety Goals are comprised of six objectives, according to the 2012 accreditation. Consisting of accurate patient identification, improved communication, greater drug safety, certainty of the correct location for the right procedure for the right patient, infection control, and a reduction in the danger of patients falling. The operator rarely noted the place of the procedure with an unique marker, and the hospital did not have records for monitoring and evaluating patients at risk of falling, according to the six guidelines. Meanwhile, for other goals, documentation and implementation have been completed. In order to reduce the risk of patients falling, the Jakarta Hajj Hospital must conduct more intense and convincing socialization about marking the site of procedures, as well as full monitoring and assessment papers.

Corresponding Author:

Hazer Muzn,
Health Sciences
Universiti Brunei Darussalam, Brunei Darussalam
Jl. Tungku Link Gadong, BE1410 Brunei Darussalam
Email: muznar@ubd.edu.bn

1. INTRODUCTION

The hospital is one of the health services that plays an important role in improving the health status of the community. According to the Decree of the Minister of Health of the Republic of Indonesia No. 340/MENKES/PER/III/2010 "Hospital is a health service institution that organizes full individual health services that provide inpatient, outpatient and emergency services".

Various government and community efforts have been made to improve the quality of hospital services, including hospital accreditation. Hospitals that already have accreditation will be able to provide legal guarantees to customers and the public that the services provided by the hospital are good and in accordance with the standards applied (Ministry of Health, Republic of Indonesia, 2000).

Through the latest Law (UU) regarding hospitals, namely Law no. 44 of 2009, in article 40 part three it is also stated that all hospitals in Indonesia are required to carry out accreditation with the aim of increasing the quality of hospitals. Meanwhile in Law no. 44 of 2009 concerning hospitals also emphasizes that the implementation of health services must be based on ethics and morals.

The Hospital Accreditation Commission (KARS) in 2012 through the Ministry of Health standardized hospital accreditation assessment of the four most important things, namely: 1). The service standard group focuses on patients, 2). Hospital management standards group, 3). Hospital patient safety goals, and 4). Millennium development goals. Where in the implementation process it involves all professional human resources in the hospital starting from medical staff and medical support, nursing staff, pharmaceutical staff, hospital management staff, and non-health workers.

In hospital accreditation, human resources have been regulated, namely through determining the number and specifications of personnel and service support facilities that must be owned by the hospital (Soepojo, 2002). Standardized resources such as human resources, management and standardized technology are indispensable components to face competition and create hospitals that have quality health services which are indicators to improve the image of the hospital and its profitability (Hafizurrachman, 2009).

The new accreditation standard paradigm shift is applied to patient-focused services, where patient satisfaction is the main standard. Continuity of service must be carried out both when referring out and handing over patients in the hospital. The accreditation process does not only examine cross-sectional but also longitudinally, as well as the results of the hospital achievement survey on the scoring determined in the form of primary, intermediate, major and plenary achievement levels (KARS, 2012).

The direct benefits of the new accreditation, namely hospitals listen to patients and their families, respect patient rights, and involve patients in the care process as partners; increase public confidence that hospitals have made efforts to improve service quality and patient safety; providing a safe and efficient work environment that contributes to employee satisfaction negotiating capital with health insurance and other sources of payment with data on service quality creating a culture that is open to learning from timely reporting of adverse events; and setting priorities on quality and patient safety at all levels (RSUD Dr. Soegiri Lamongan, 2015).

With the 2012 version of accreditation issued by the Hospital Accreditation Committee, several hospitals are preparing themselves to be able to take part in this accreditation. In the process, several hospitals are still experiencing obstacles or it can be said that they are not ready to take part in the accreditation due to several reasons. Research conducted at the Bhakti Wira Tamtama Hospital in Semarang stated that the hospital was not ready for the 2012 version of accreditation because it did not have policies related to the implementation of officers to protect medical record documents from damage and loss, the absence of working groups, unsupportive infrastructure and system limitations. hospital management (Prawira & Asfawi, 2016).

In addition, another study conducted at the Rajawali Citra General Hospital, Bantul Regency, related to the analysis of readiness for accreditation in the field of work safety, fire and disaster preparedness services, stated that there were still difficulties in preparing human resources considering that the staff appointed to prepare the accreditation tools did not understand Occupational health and safety science (Hariyono, 2013).

Jakarta Hajj Hospital is one of the hospitals that is no different from other hospitals, which is part of the health system which also serves the general public regardless of differences in religion and ethnicity which is supported by sophisticated equipment and handled by qualified and professional staff. In 2014, the Jakarta Hajj Hospital last received accreditation by the Indonesian Ministry of Health's Accreditation Board in 2009 with sixteen accredited or fully accredited services.

The accreditation status of the Jakarta Hajj Hospital has expired because it has exceeded the deadline of three years. Therefore, the Jakarta Hajj Hospital has been preparing to follow the 2012 version of the hospital accreditation standard since 2013. However, based on interviews with the hospital, the implementation of the 2012 version of the accreditation standard experienced several

delays from the target set, originally from early 2014 and then postponed to mid-2014 and there are still delays.

In the 2012 version of accreditation, there are several goals that are assessed where one of the goals is patient safety. Patient safety has become an issue not only in Indonesia but in developing countries and other developed countries. a study shows that there are 10% of patients in the hospital experiencing unwanted events where half are preventable actions. In addition, studies in several countries also mention significant numbers of unwanted events such as Australia at 16.6%, New Zealand at 12.9%, England at 10.8% and Sweden at 12.3% (Zegers, Wollersheim, Wensing, Vincent, & Grol, 2013).

Data related to unwanted events and near misses in Indonesia is still quite difficult to obtain. The report on patient safety incident data for each province published in 2007 stated that DKI Jakarta Province ranked highest, namely 37.9%. In addition, patient safety incidents in other provinces were Central Java 15.9%, DI Yogyakarta 13.8%, East Java 11.7%, South Sumatra 6.9%, West Java 2.8%, Bali 1.4 %, South Sulawesi 0.7%) (KKP-RS, 2008).

WHO in his book states that the situation in developing countries requires more attention in terms of patient safety where these countries tend to have poor infrastructure and equipment, poor supply and quality of drugs, poor waste management and infection control, lack of personnel performance due to lack of motivation and technical capabilities and lack of funding mean that the likelihood of an adverse incident occurring is much greater than in developed countries. WHO also stated that around 77% of counterfeit and substandard drug cases were reported in developing countries (World Health Organization, 2005).

Undesirable events which are the impact of low patient safety have an adverse impact on hospitals, health workers and patients which include an impact on increasing service costs which can also bring hospitals into the arena of blaming, causing conflict between doctors/health workers and patients, causing disputes medical procedures, lawsuits and legal proceedings, allegations of malpractice, dissemination to the public media which eventually led to negative opinions of hospital services, besides that hospitals and doctors struggled to protect themselves with insurance, lawyers and ended in a decrease in public trust in hospital services (Department Health, 2006).

2. RESEARCH METHOD

Research design

This research is descriptive in nature through a qualitative approach obtained through observation, in-depth interviews, and document review to find out an overview of accreditation readiness on patient safety target standards at the Jakarta Hajj Hospital.

Location and Time of Research

This research was conducted at the Jakarta Hajj Hospital, Jl. Raya Pondok Gede no. 4, East Jakarta. Specialized in the accreditation section formed by the hospital. Data collection was carried out in September – October 2014.

Research Informants

In qualitative research the selection of informants was carried out using a purposive sampling method. The selection of informants was because these parties were parties involved or responsible for preparing for accreditation at the Jakarta Hajj Hospital, especially for patient safety target standards. Selection of informants must meet the categories related to research. In this study, informants were selected based on suitability and adequacy of the topics studied. The researcher will conduct in-depth interviews and get more information from the informants. In accordance with these prerequisites and asking for input from the hospital in determining informants, the informants in this study included members of the Working Group for Hospital Accreditation Standards for Patient Safety Goals, Nursing Service Section and Head of Pharmacy Unit. All of these informants are responsible for the organization of hospital accreditation carried out by KARS.

Method of collecting data

This study uses primary and secondary data sources. Primary data were obtained through in-depth interview techniques which were planned to be carried out for 1-2 weeks and observation. Interviews were conducted directly by researchers using interview guidelines that had been prepared. The results of the interview will be recorded and recorded using a tape recorder. While the observation was carried out using observation guidelines. Secondary data was obtained through the results of a review of documents related to research in the nursing service section of the Jakarta Hajj Hospital. A document review is conducted to find out how many documents have been made by the section, so that it can describe readiness for accreditation. Secondary data that has been grouped based on standards will be assessed for completeness based on predetermined criteria

Data analysis

Data analysis in this study used narrative interpretation analysis. After providing an interpretation, the researcher then provides a narrative description of the readiness of the six standard elements of patient safety goals. The narration describes the suitability of the number of documents in accordance with the standards of the instruments set by KARS, as well as implementation in the field based on in-depth interviews and observations

3. RESULTS AND DISCUSSIONS

Results

Overview of Research Informants

Informants in this study were parties involved in preparing for the accreditation of the Jakarta Hajj Hospital, which included the Accreditation Working Group for Patient Safety Goals, Head Nurses and patients. The following is a description of each informant.

a. Accreditation Working Group Member (Informant A)
   The informant is a member of the Jakarta Hajj Hospital Accreditation Working Group. Informants have a responsibility in the successful preparation of the accreditation of the Jakarta Hajj Hospital
b. Nursing Service Section (Informant B and Informant C)
   Subsequent informants came from the nursing service section, namely the head of the inpatient installation section and the head of the sub-installation (Afiyah inpatient room) of the Jakarta Hajj Hospital. Informants are paramedics who provide nursing services to patients.
c. Head of Pharmaceutical Installation (Informant D)
   Other informants came from the Pharmacy Installation, namely the Head of the Pharmacy Installation and in the accreditation working group responsible for drug management standards. The Head of Pharmaceutical Installation is responsible for managing pharmaceutical supplies including pharmaceutical preparations that need to be watched out for.
d. Patient's Family (Informant E and Informant F)
   Informants also came from the patient's family. The informant is a family of inpatients at the Jakarta Hajj Hospital. Because the patient was unable to answer the question, the patient's family answered. Informants are parties who know the services provided by the Jakarta Hajj Hospital.

Patient Safety Goal I: Accurate Patient Identification

Target I in patient safety according to the 2012 version of accreditation is patient identification. In this objective, an assessment of practices, policies and/or procedures is carried out in identifying patients prior to surgery, administering drugs, administering blood or blood products and taking blood or other specimens for clinical examination. Based on the document review, the Jakarta Hajj Hospital has completed the documents required by the Hospital Accreditation Commission, namely the existence of a reference for policy making by the hospital director, namely Minister of Health Regulation 1691/2011 concerning hospital patient safety. Regulatory documents are also available, namely patient identification policies/guidelines, standard operating procedures for placing identification bracelets, and standard operating procedures before and after giving blood products. The document is based on the decision of the director of the Jakarta Hajj Hospital number: 095/RSHJ/DIR/SK/AKRE/IX/2012 (see attachment 3). In the event that the implementation is supported by interviews with informants, patient identification is carried out with the patient's

bracelet containing the medical record number, name and date of birth of the patient. In addition, the officer also asked the patient's name first to ensure the patient's correctness. Following are the results of interviews with informants: the officer also asks the patient's name first to ensure the patient's correctness. Following are the results of interviews with informants: the officer also asks the patient's name first to ensure the patient's correctness. Following are the results of interviews with informants:

"The identification of the three, namely the name, RM number and date of birth, is attached to the bracelet. (Informant A). The second is patient confirmation and medical history. Identification using patient bracelets starting from the polyclinic and hospitalization room, namely blue for men and pink for women. On the bracelet there is a name, date of birth and medical record number. (Informant B)".

"Identify using the name, date of birth and medical record number on the patient's bracelet and confirm it to the patient or the patient's family." (Informant C) In identification before administration of drugs, blood or blood products and procedures and before taking blood and other specimens, the same procedure was carried out, namely using a bracelet and reconfirming it to the family and the patient. Following are the results of interviews with informants:

"Before administering the drug, you have to look at the patient's bracelet, match the medicine with the patient. Before the same action based on the bracelet, you can't see the bed because the patient could be moved. (Informant A)

"Drug administration starts from checking the name, medical record number, checking the correct drug, dose, patient, time, method of administration and asking for reconfirmation to the patient and looking at the patient's bracelet. Starting from the donation from the blood bank, we will check the request form and the available blood. Check the blood pack number, on the label including name, RM number, date of birth, blood type, blood condition and whether it matches the blood requested, the number of blood specimens taken by the laboratory staff, return of sputum and urine by the nurse will check the procedure from the doctor, prepare bottle, and prepare a label and stick it on the specimen (Informant B)"

"For drug administration: there is a bracelet, name is called, informed that there will be drug administration, method of administration, allergy information. Blood draw, called, there will be a notification" (Informant E).

Regarding policies or procedures that lead to consistent identification of patients, the Jakarta Hajj Hospital already has these procedures. In this case, researchers have also made observations related to the implementation of these goals. In the context of dissemination or socialization, the hospital disseminates it in several ways such as through leaflets posted, soft files sent to computers, room meetings, briefings and informal communication. Following are the results of interviews related to policies and socialization:

"Socialize every room, join room meetings. (Informant A). (Informant B)"

"There is an SOP, socialization during briefings, during meetings, already linked to a computer, you can see the link code on the computer." (Inofrman C).

Based on the results of observations in terms of implementing identification using several patient identities, including: blue for men, pink for women, red for allergy risk, and yellow for patient fall risk. While identification before administering drugs, blood or blood products, identification before taking blood and other specimens as well as identification before treatment and action, the Jakarta Hajj Hospital has carried out its implementation. In terms of policy, there are policy documents and their socialization is well implemented, so the Jakarta Hajj Hospital.

Goal II Patient Safety: Improvement of Effective Communication

Goal II of the Patient Safety Standards is effective communication. This goal assesses effective communication, which is timely, accurate, complete, clear and understandable by the recipient or recipient so as to reduce errors and result in increased patient safety. In this case, procedures and policies are also assessed in supporting consistent practice to verify the accuracy of oral communications by telephone.

Based on the document review, the Jakarta Hajj Hospital has completed the documents required by the Hospital Accreditation Commission, including policies/guidelines related to the provision of educative information between medical personnel and medical staff to patients, as well as Standard Operational Procedure documents for communication via telephone. The document is based on the decision of the director of the Jakarta Hajj Hospital number: 096/RSHJ/DIR/SK/AKRE/IX/2012 (see attachment 4). This is supported by interviews with informants, paramedics who have communicated according to the same procedure, namely the SBAR (Situation, Background, Analysis, Recommendation) technique. The following is a summary of the interview regarding effective communication:

"There is SBAR. The nursing department knows better." (Informant A) "Instruction from the doctor using the SBAR technique, namely S the patient's situation and the identity of the new patient, b background, namely what has been given, A analysis from the doctor, R what are the recommendations from the doctor." (Informant B) "... .....the SBAR method. In receiving instructions via telephone, we have to repeat again. " (Informant C)

"....the order was written again....there is a validation column from the doctor...there is a repetition of what the doctor said...now communication via telephone is also being developed. "(Informant D).

Viewed from the patient's point of view, the patient feels clear in receiving instructions from health workers. The following are the results of interviews with informants: "Informed by the doctor orally when giving clear instructions from the doctor or nurse, if it's not clear, ask again until you understand." (Informant E) ".....there is an order from the doctor and it is clearly understood" (Informant F)

According to the observations made by researchers regarding policies or procedures regarding communication, the Jakarta Hajj Hospital already has these procedures and disseminates them such as policies on patient identification.

"..There is socialization and policies related to SBAR.." (Informant B) "...The soup is the same and the socialization is the same.."(Informant C).

In terms of receiving instructions, information is handled properly, namely there is rewriting by the recipient of the information. According to the informant, the order or examination results were read back, namely in the form of repetition and confirmed again by the doctor. In terms of policies or procedures, there are already procedures related to communication but do not include rewriting orders or inspection results. and deployment is carried out in the same manner as the patient identification policy.

Target III Patient Safety: Increasing the Safety of High Alert Medications.

Target III in Patient Safety Standards is to increase the safety of drugs that need to be watched out for. The purpose and objective of this goal is correct management especially in drugs that need to be watched out for so as to ensure patient safety.

Based on document review, policies or guidelines regarding high alert drugs including identification, location, labeling, and storage of high alert drugs are already owned by the Jakarta Hajj Hospital. The document is based on the decision of the director of the Jakarta Hajj Hospital number: 013/RSHJ/DIR/SK/AKRE/I/2013 (see attachment 5).

Based on the readiness of the Patient Safety Standards, in terms of drug management policies that need to be watched out for, implementation, and storage locations, highly concentrated electrolyte drugs have been placed in a safe place. In terms of drug management that needs to be watched out for, according to the informant, there is a drug management procedure that needs to be watched out for which includes drug storage based on drug stability such as temperature, light and temperature. In addition, the storage of drugs classified as high alert is also separated. Following are the results of interviews with informants:

"Medicines to watch out for are located separately from other drugs, and marked in red. The yellow circle is for the LASA marker. Those who need to watch out for are in the inpatient room." (Informant A)

"The location is safe from the reach of visitors, other patients, where the temperature has been recommended. There is a separate label, namely high alert in certain drugs." (Informant B) ".....In hospitalization, no high concentrated fluids are allowed except in the ICU, OK. ."(Informant C).

"Determination of drug location according to drug stability, there is from temperature, light and temperature, there are indicators and monitoring as well." (Informant D).

Image 1. High Alert Drug Storage Cabinet

Based on interviews, drugs that need to be wary of are also given a label called high alert. The following is an excerpt from the interview with the informant: "... there is a separate label, namely high alert in certain drugs..." (Informant B). " drug labeling given high alert. "(Informant C).

Based on observations, this policy has also been implemented where drugs that need to be watched out for are placed in a location that is safe from the reach of visitors and other patients and is in a place with the recommended temperature. Drugs are also not in the inpatient room except in the ICU and OK rooms. While the implementation time has fulfilled the conditions set, namely at least it has been running for the last four months.

Goal IV Patient Safety: Right-Location Certainty, Right-Procedure, Right-Patients Operation

Target IV in the Patient Safety Standards is the certainty of the right location, the right procedure, the right patient for surgery. This goal is aimed at reducing wrong locations, wrong procedures, wrong patient operations that can occur in hospitals. The marking of operations is carried out with a special marker but in practice, according to the informant, this is still rarely done.

Based on the document review, the Jakarta Hajj Hospital has regulatory documents, namely policies/guidelines for surgical services to ensure the right location, the right procedure and the right patient for surgery. The document is based on the decision of the director of the Jakarta Hajj Hospital number: 119/RSHJ/DIR/SK/AKRE/IX/2012 (see attachment 6). While the implementation document also already exists, namely a checklist of operations to be recorded in the patient's medical record after surgery. This is supported by the results of interviews with informants:

".....marked by a pen or marker that can't be lost..." (Informant A) It's not easy to lose the identification or the picture is obliged to indicate the operation, namely the operator doctor. The problem is that the percentage of marks is very small, bro" (Informant B)

"A very small percentage of marking has been done because it is related to the doctor's actions." (Informant C).

In the operation process there is also a checklist that is used before preoperative. The operations team is also assigned to record the procedures that must be carried out before the time out. Based on the document review, there are also SOPs related to the identification of operating locations and types of operations. Following are the results of interviews with informants:

"Preoperative verification is marked with those who want to operate, there are preoperative and postoperative checklists.....there is a form that must be filled in..."(Informant C).

"The policy for identifying the location of the operation has an SOP, identifying the location of the operation, the type of operation and then passing it on to the doctor." (Informant B).

Based on the assessment elements of the Target IV Patient Safety Standard, in terms of marking the location of the operation, the operator doctor does not always do it and the percentage is also very small. Even though the Jakarta Hajj Hospital already has an SPO for marking the location of operations. In terms of using a checklist, the Jakarta Hajj Hospital has used a checklist before carrying out an operation. Jakarta Hajj Hospital also has a surgical procedure that is used to ensure the right location, the right procedure and the right patient, the right operation.

Goal V Patient Safety: Reducing the Risk of Infection Related to Health Services

Goal V in the Patient Safety Standards is the reduction of the risk of health-care-associated infections. This goal is aimed at preventing and controlling nosocomial infections that occur in hospitals. Nosocomial infections are acquired by patients while in the process of nursing care or being treated in a hospital. An infection is said to have been obtained from the hospital if before being treated there were no clinical signs of infection but during treatment signs of infection appeared which appeared at least 3x24 hours after starting treatment. All people who are in the hospital have the same potential to spread the risk of infection. Health workers such as nurses, doctors, midwives are the carriers of the greatest risk of infection because they often have direct contact with patients. According to the standard accreditation instrument from the Hospital Accreditation Commission, the method used to prevent and control nosocomial infections is to wash hands. The Jakarta Hajj Hospital uses the code word "White Selaci Flour" which stands for the parts that must be washed, such as the palms, back and between the fingers. Based on the document review, the Hajj Hospital has completed all the documents required by the Hospital Accreditation Commission, including regulatory documents consisting of hand hygiene policies/guidelines, Standard Operational Procedures for the five moments of hand washing as well as implementation documents, namely indicators of infection related to health services and The Jakarta Hajj Hospital uses the code word "White Selaci Flour" which stands for the parts that must be washed, such as the palms, back and between the fingers. Based on the document review, the Hajj Hospital has completed all the documents required by the Hospital Accreditation Commission, including regulatory documents consisting of hand hygiene policies/guidelines, Standard Operational Procedures for the five moments of hand washing as well as implementation documents, namely indicators of infection related to health services and The Jakarta Hajj Hospital uses the code word "White Selaci Flour" which stands for the parts that must be washed, such as the palms, back and between the fingers. Based on the document review, the Hajj Hospital has completed all the documents required by the Hospital Accreditation Commission, including regulatory documents consisting of hand hygiene policies/guidelines, Standard Operational Procedures for the five moments of hand washing as well as implementation documents, namely indicators of infection related to health services and

dissemination of hand washing policies and procedures. The following are the results of interviews regarding hand washing procedures:

"There is a name for seleci puput flour." (Informant A).

"...the procedure of six steps for washing hands and six times for washing hands, there is such a thing as white sesame flour..."(Informant C).

In addition, infection risk control is also carried out to prevent infection in operations, infusions and catheters. Each shift carried out by nurses is reported, then recapitulated into daily and monthly reports and given to the infection control team. Following are the results of interviews with informants:

"………infection control includes surgery, infusion, catheters, in every room there is an INOK team depending on the capacity of the patient. Every shift and every day there is reporting, every shift, every day then every month. Change the infusion three days, every day the catheter…"(Informant C).

According to observations made, good hand washing facilities, including sinks, soap, and guidelines for proper hand washing, already exist in every hallway of the Jakarta Hajj Hospital. In terms of implementation, these facilities are used by health workers at the hospital, either before or after

taking action. Based on the assessment elements of Patient Safety Standard IV, Jakarta Hajj Hospital has adapted hand hygiene guidelines that are in accordance with those published by WHO. The hospital has also spread hand washing procedures in various rooms. Related to other policies that direct the continuous reduction of the risk of infection, the Jakarta Hajj Hospital has procedures in place.

The implementation time has also met the conditions set, because the hospital has implemented it for a long time.

Goal VI of Patient Safety: Reducing the Risk of Patient Falls Goal VI is reducing the risk of falling. This goal is intended to reduce patient falls. Based on the document review, the Jakarta Hajj Hospital has related regulatory documents, namely the fall patient risk assessment policy, as well as the Standard Operational Procedure for wearing a yellow bracelet for patients at risk of falling. this is supported by the results of interviews, there is a process of assessing the risk of falling patients indicated by a yellow bracelet and codes. However, the availability of implementation documents for reducing injuries due to falls is incomplete and not always carried out by the hospital. Meanwhile to assess patients with low, medium, and high risk. The hospital provides a checklist for health workers and then creates a score to assess the patient's risk. Scores below 20 are low risk patients, while 21-39 are moderate risk patients, and above 40 are high risk patients. The following are the results of interviews related to the patient's risk assessment of falls:

"Patients are identified through bracelets, yellow wristbands for patients who fall, to reduce the risk of patients falling, there are beds where the wheels can be locked, in every bathroom there is a handle and the bed has a barrier." (Informant A)

“.....beside the patient's wristband there is a yellow wristband to assess the condition” (Informant B) “.....Morse code for adults and children, namely there is low, medium and high risk. ”(informant C).

In addition, there is also a process for reducing the risk of falling patients, namely by monitoring more closely, collaborating with patient caretakers and installing guards on patient beds. " Handles are installed on the right and left of the patient, monitoring is tighter, working with patient guards, there is bed security as well. ”(Informant B)

“.....there is a bed cover, there is an explanation to the patient and family for the presence of a yellow bracelet,. (Informant C).

Based on observations in terms of patient fall risk assessment, Jakarta Hajj Hospital has carried out a risk assessment indicated by the patient's use of a yellow bracelet. The execution time for implementation has also met the conditions set, namely at least it has been running for the last four months. In addition, there are also codes to measure the patient's risk of falling, namely Morse code for adults and Humpty Dumpty (dampi-dampi) for children. In terms of risk reduction and steps the Jakarta Hajj Hospital has implemented the necessary steps to reduce the risk of falling patients. Regarding policies, the Jakarta Hajj Hospital also has good procedures for targeting patient safety standards, elements of reducing the risk of falling patients.

Discussion

a. Readiness of the Hajj Hospital in facing the 2012 version of accreditation on patient safety target standards

Overall, there has been a policy issued by the leadership of the hospital regarding the target of patient safety for the Ministry of Health's hospital accreditation. This policy is contained in the Decree of the Director of the Jakarta Hajj Hospital Number 005/RSHJ/DIR/SK/AKRE/2013 concerning Guidelines for the Six Goals of Patient Safety at the Jakarta Hajj Hospital. The regulation regulates the implementation of six targets determined by the Ministry of Health, namely the accuracy of patient identification, increased effective communication, increased effective communication, increased safety of drugs that need to be watched out for, certainty of right-location, right-procedure, right-patient surgery, reduction health care-associated infection risk and reduction of patient fall risk. This certainly gives a sign that the Jakarta Hajj Hospital is ready to take part in the Hospital accreditation

process. In addition, the existence of a policy indicates that the goal will be achieved, which in this case is an increase in patient safety.

b. Patient Safety Goal I: Accurate Patient Identification

The purpose of this goal is to ensure that the process of identifying patients as individuals who are intended to receive services or treatment is carried out in a way that can be trusted and matches the services or treatment of these individuals. Policies and or procedures that are collaboratively developed to improve the identification process, in particular the process used to identify patients when administering drugs, blood or blood products, taking blood and other specimens for clinical examination or providing treatment or other actions (Ministry of Health, 2011).

c. Patient Safety Goal II: increased effective communication

Effective communication, which is timely, accurate, complete, clear and understood by patients, will reduce errors and result in increased patient safety (Ministry of Health, 2011). The 2012 version of the hospital accreditation standard on patient safety goals requires that hospitals develop communication methods that are effective, timely, accurate, complete, clear and understandable to recipients. This is to reduce errors and result in improved patient safety.

4. CONCLUSION

On target I, namely the target of patient identification accuracy, the Jakarta Hajj Hospital is considered ready for this target. This is proven based on a review of the documents the Jakarta Hajj Hospital has completed as required by the Hospital Accreditation Commission. The policy and outreach have been carried out, while the implementation of the procurement and installation of bracelets has been carried out. Likewise identification in the administration of drugs and blood products. On target II, namely increasing effective communication, the Jakarta Hajj Hospital is considered ready for this target. Based on the review of documents, the hospital has completed policies or procedures, including procedures related to communication and have been properly disseminated. The Jakarta Hajj Hospital uses the SBAR (Situation, Backgroung, Analysis, Recommendation) technique. In terms of receiving instructions, information is handled properly, namely there is rewriting by the recipient of the information. Orders or examination results are also read back in repetition and confirmed again by the doctor.

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